

A REPORT TO THE SURGEON GENERAL, U. S. ARMY

By

Charles R. Drew, Civilian Surgical Consultant

Table of Contents

<u>Subject</u>	<u>Page</u>
I Purpose of Mission	2
II Associate Members of Team	2
III Installations Visited	3
IV Teaching and Clinical Routines	4
V General Observations	
1. Headquarters	6
2. Commanding Officers of Medical Installations Visited	7
3. Medical Care	11
4. Medical Education	16
VI Specific Observations by Installations	17
VII Comments on Value of Consultants' Program	28
VIII Recommendations	29

September 15, 1949

I PURPOSE OF MISSION

The purpose of our mission, as outlined in Travel Orders issued June 15, 1949, was that of promoting and improving further the quality of medical care and instruction in Army Medical Installations in the American Occupied Zone of Europe.

A very serious attempt was made to carry out both the letter and the spirit of the Orders.

II ASSOCIATE MEMBERS OF THE CONSULTANT TEAM

My associates on this particular mission were:

1. Dr. William S. Middleton of Madison, Wisconsin -- Internist;
2. Dr. Rudolph S. Reich of Cleveland, Ohio -- Orthopedist;
3. Dr. Ralph M. Tovell of Hartford, Connecticut -- Anesthetist.

It has not been my pleasure to be associated with three more capable physicians, sincere teachers and congenial companions than the associates named above. Dr. Middleton--by virtue of his complete knowledge of Army routines gained through active service in two wars, his wide range of personal friendships resulting from his associations in the Army, his own rigid sense of duty and his marvelous physicianship--almost automatically became the natural leader and spokesman for the group. I believe he more than any other member of the team set the pace and the level of our performance. As a group, we had only one complaint--that consisted of his apparent unbreakable habit of arising at 6:00 a.m. sharp every morning, including Sundays, regardless of bedtime the night before, and his insistence that all members of the team begin work at that time promptly every day. Not only did I feel that the Installations we visited gained much from his presence, but we, his associates, also were enriched by our association with

him.

Dr. Reich proved himself an able Orthopedist, both in theory and practice. His rounds were instructive; his lectures, simple and clear; and his operative experience and skill of great value in several instances.

Dr. Tovell is a quiet, efficient, scholarly Anesthetist. Unhurried, critical and mechanically gifted, he lent balance. Like Dr. Middleton, he through long experience has a profound knowledge as a working anesthetist of Army regulations. Somewhat blunt in manner, rigid in his mental demarcation of what is right and what is wrong, but exceedingly patient in explaining why certain things should be done and why certain other things should never be done, he added a great deal to the team and I am certain dropped many a "pearl" for the young anesthetists who are carrying on in the European Command.

III INSTALLATIONS VISITED

Before leaving Washington, the Commanding Officer of the Walter Reed General Hospital was good enough to allow me the privilege of going over the routines in the wards and the laboratories. Having served on the Committee designated to revamp the charts used in Federal hospitals, this part of the procedure was well known to me. The rapid orientation at Walter Reed was of real value to me during the trip in Europe.

The Installations visited and the date on which we arrived at each Installation were as follows:

	<u>Installation</u>	<u>Date of Arrival</u>
1.	Heidelberg, Germany -- 130th Station Hospital	1-7-49
2.	Stuttgart, " -- 387th " "	3-7-49
3.	Munich, " -- 98th General "	5-7-49

<u>Installation</u>				<u>Date of Arrival</u>
4.	Vienna, Austria	--	110th Station Hospital	8-7-49
5.	Linz, "	--	124th " "	10-7-49
6.	Salzburg, "	--	57th Field " , 2 H.U.	11-7-49
7.	Regensburg, Germany	--	250th Station "	14-7-49
8.	Nurnberg, "	--	385th " "	15-7-49
9.	Wurzburg, "	--	57th Field " , 1 H.U.	18-7-49
10.	Frankfurt, "	--	97th General "	19-7-49
11.	Giessen, "	--	388th Station "	21-7-49
12.	Bremerhaven, "	--	319th " "	22-7-49
13.	Wiesbaden, "	--	317th " "	23-7-49

Unofficially during my granted delay on the way home, I visited the Army Hospital in Paris, France on 28-7-49.

IV TEACHING AND CLINICAL ROUTINES

The routines established after consultation with the other members of the team were set up as follow:

1. General conferences with the Commanding Officer and the Chiefs of the major Divisions on the morning of arrival between 8:00 and 8:30 a.m. where possible. Here general problems were discussed and a program for our stay outlined.
2. If operative procedures were being carried out at this time, I usually observed until the morning's work was completed, being helpful if possible. If no operations were posted for that particular morning, I went immediately with the Chief of the Service to make complete Ward Rounds. These Ward Rounds were conducted more or less as one would in a University hospital, each case being presented in detail by the Officer-in-Charge and discussed in relationship to accepted principles of therapy

both in Army hospitals and in hospitals in general. An attempt was made at this time to allow no personal problems to be discussed.

3. In the afternoon, as a rule, one of three procedures was followed--

- a. In the larger centers where complete rounds could not be made in one morning, rounds were completed;
- b. In the smaller centers, the Surgical Staff gathered for an informal discussion of surgical problems arising either in that particular Installation or in surgery as a whole;
- c. At some time during each visit, I had an opportunity to discuss with each member of the Surgical Staff in a private conference his own personal attitude toward his assignment, his interest in the Army as a career, his personal difficulties or those of his family and his future plans.

4. An attempt was made by the Consultant Team to have one period of formal presentations late each afternoon. Sometimes only one of us presented data of general interest; and at other times, all four took part. My presentations throughout the trip were based on what might be considered the five basic surgical problems, namely:

- a. Hemorrhage
- b. Pain Shock.
- c. Pain
- d. Infection
- e. The Healing of Wounds.

Where equipment was available, these lectures were given with the aid of lantern slides. I took about 200 slides with me on the trip.

5. Wherever it was possible to arrange an evening meeting, it was done. In five Installations where this was possible, the presentations were, I believe, generally superior to those done in the afternoon for, in the evening, one could have more leisurely and fuller discussions.
6. In no instance did I find it necessary to actually operate.

V GENERAL OBSERVATIONS

1. Headquarters --

When we arrived in Heidelberg, General Guy B. Denit was in London representing the American Medical Association at the meetings of the British Medical Society. His deputy, Colonel Clifford B. Morgan, very graciously received us and introduced our group to Colonel Emery E. Alling, Chief of Professional Services and Colonel Roger G. Prentiss, Jr., Medical Consultant.

Colonel Alling impresses one at once as an extraordinarily fine soldier who happens to be at the same time a capable and highly respected surgeon. Colonel Prentiss gives one the feeling of an unusually well prepared and sound physician and medical educator who happens to be a soldier. Each of these men knows his field in tremendous detail. Colonel Alling, in particular, not only has the overall picture clearly in mind but seems to know the detailed problems of each Installation and of each member of the Surgical Staff by name. This was my first impression. On returning to Heidelberg thirty days later, this impression was enhanced.

When our group made our final report to General Denit and his Staff at the end of our tour of duty, General Denit took notes for a period of nearly three hours and seemed extremely interested in every suggestion made which might improve the care of the patients in his Command and the morale of his Officers. In a pseudo-comical manner, he has an unusual knack of making one feel at ease and in obtaining all of the information that one might have. He himself does not seem the least bit awed by his high rank nor does he use it as a weapon.

The entire Headquarters' personnel were solicitous for our personal comfort, candid in their discussions of problems and genuinely

interested in every comment that our group had to make. A special word of commendation should be included for Major Robert C. Miller, Executive Officer.

It was our privilege to meet Colonel Paul Hayes, Post Surgeon for Medical Forces in Austria, on our first visit to Heidelberg. Later he escorted us on our trip to Vienna and in Linz. He impressed our group not only as a man to whom the Army was something more than an interval avocation, but also as a Medical Administrator who still remains deeply interested in medicine as well as probably the finest medical diplomat we met on our tour of duty. The friendly rapport which he seems to maintain with all of the members of the particular Command without any loss of authority, his easy working relationships with the Austrian teachers and institutions and his innate good-breeding mark him as a man one would be happy to serve under. His men apparently share that feeling.

2. Commanding Officers of Medical Installations Visited —

a. Heidelberg:

Lt. Col. Frank W. Govern, a young Pediatrician from Washington, D. C., was the Acting Commanding Officer at the 130th Station Hospital. He admittedly did not know all of the details of the Command nor was he too certain of what the Consultants' exact role should be. Since it was our first stop, we were not too certain either concerning our routines; but before the first morning was over, all was working well.

b. Stuttgart:

Col. Abner Zehn, a gentleman of Falstaffian girth and humor, was met by us when we were about to depart for Munich. He, therefore, did not have an opportunity to know him well. He is highly regarded by his Staff and from all remarks, both casually and pointed, he is an administrator who has the full confidence of his professional Staff.

c. Munich:

Col. John F. Bohlender, Commanding Officer of the 98th General Hospital, directed our course from the moment we came in his presence. He has a big outfit and an able Staff. One got the feeling that he runs both with a minimum of confusion. He set up the schedule and attended the formal lecture and discussion periods, which were probably the best we had on the tour. Under his direction, the Hospital should become the truly fine medical center which is envisioned for it.

d. Vienna:

Lt. Col. Louis F. Saylor, Commanding Officer of the 110th Station Hospital, seems to be a very happy choice for such an isolated and strategic Post as the one which he commands. There is tension in Vienna and one feels it even in the Hospital. The Commanding Officer's real personal interest in not only the physical comfort of his Staff but also their mental adaptation in a tense situation is obvious even to a visitor and deeply appreciated by the Staff and their dependents. Col. Saylor moves around his meticulously kept plant like a big American full-back, progressively picking holes in an opponent's line. One gets the feeling that under real pressure, he would be at his best. He seems to seek all possible help and guidance without giving the impression at all of any inability to manage without it.

e. Linz:

The Commanding Officer in Linz, Major Lloyd R. Stropes, has one of the least desirable physical plants from the point of view of surgery, a rather inexperienced Staff and many duties in addition to those of directing a hospital. He has had so many duties of a public health

nature to carry out in addition to his Hospital duties that I got the feeling that at times, he has been hard-put to prevent himself from becoming confused. He had no complaints except his inability to accomplish all of the things which his duty obviously requires of him at certain times. Col. Hayes apparently is a great source of strength for him.

f. Salzburg:

Major Hollis E. Vernon, Commanding Officer of the 57th Field Hospital, 2 H.U., was more intimately a part of his professional Staff than any other Commanding Officer whom we met. The Unit is a small one and each Medical Officer has assignments at times which cover the whole field of medicine. The Commanding Officer takes his rotation with the rest of his men and has created the finest feeling of a single "family unit" which we saw. One problem plagued him and that was the assignment of Junior Medical Officers to outlying Field Dispensaries. Such assignments were not popular but are necessary. It was the subject of long discussion during our stay.

g. Regensburg:

Lt. Col. Paul S. Parrino is at heart a public health man, deeply interested in the overall planning for the Army and for the American people as a whole. He had been at this particular Post too short a time for the Staff to have made any real judgment concerning his administrative ability. He, however, was popular with his Staff and they gave a small party in his honor on the day which we visited the Installation.

h. Nurnberg:

Lt. Col. Richard W. Pullen has a quiet air of courteous efficiency

which permeates his entire Installation. There is an easy air of meticulousness about the man, his thinking and his speech which is quite impressive. Each Installation, to some degree, was the reflection of the personality of the Commanding Officer. The Unit at Nurnberg is a good one and we feel that much of the credit must be assigned to Col. Pullen.

i. Wurzburg:

Lt. Col. George K. Arnold, the Commanding Officer, is ill. His professional Staff is demoralized. Medical care of the patients, therefore, suffers. I believe it would be to the best interest of the Service and the man to grant him leave-of-absence on sick-leave for thorough evaluation and treatment of the peripheral vascular problem, which now gives him such distress.

j. Frankfurt:

Col. Martin E. Griffin, Commander of the 97th General Hospital, has a big difficult job and in the eyes of his professional Staff, does a good job. Our meeting with him was brief but pleasant; briefing was concise. His Hospital is a well-run unit.

k. Giessen:

Col. Frank D. McCreary, Commanding Officer, had only recently arrived at the Station Hospital, having been transferred from Regensburg. He was extremely cooperative and courteous to us, but had not yet really had time to completely evaluate his Command in terms of requirements for an expanded teaching program for his Staff.

l. Bremerhaven:

Col. John B. Herman, the Commanding Officer, was extremely courteous to us as a group and was very proud of the efficiency of his Installa-

tion. His Staff complained of a certain aloftness and lack of sympathy in relationship to professional problems and the more personal problems of both patients and Staff. Perhaps it is not necessary for Commanding Officers to have certain inspirational qualities; the lack of it in this Installation is a deterrent to the best morale.

m. Wiesbaden:

Major J. A. Galvin, the Commanding Officer, was courteous and efficient in every act. We did not, however, have too much opportunity to discuss medical affairs of the Hospital with him since he spent most of his time trying to arrange the next steps for the group, as this was our last official stop. He turned us over to Col. Major S. White and it was he who directed the program during our stay. Col. White, the Post Surgeon at Wiesbaden, in my estimation combines those qualities of soldierly bearing, leadership, professional aptitude and administrative skill which give the best results. Here, as in other areas, where there was a Senior Officer who combined the wisdom of a mature man with the enthusiasm of youth, one found this spirit transmitted throughout the Installation and the general medical care of the patients benefited thereby.

3. Medical Care --

Medical care in the Installations visited varied from adequate to excellent. The care of military personnel throughout the area is uniformly good; and I feel in those areas where improvement could be made in relationship to the surgery, a very clear understanding of the problem is had on the part of Col. Alling and many changes have been made in the past six months which are designed to bolster the weak areas.

Surgical care at the 97th and 98th General Hospitals approaches that available to patients in University hospitals in the United States; the Installation at Nurnberg offers almost comparable service. Service in the smaller units depends a good bit on the skill of the particular men assigned. These men reflect to a very large degree the teaching of the institutions from which they came before service in the Army.

The most urgent emergency surgical problems are those in which there are severe head injuries. Col. Cameron, stationed at Munich, is a thoroughly capable neuro-surgeon; but it is impossible for him to be available in person over the wide area of the EUCOM, and in many instances, it is impossible to have patients transferred to him at once.

The jeep remains a very lethal weapon in the hands of the soldiers, especially when they have been drinking. During my tour of duty, a program was worked out through Colonel Alling's Office designed to have Col. Cameron spend some time at each of the Installations in setting up routines for the care of acute head injuries. This personal instruction of each of the young Surgical Officers should prove of immense value.

The second greatest surgical problem is that of fractures and associated traumatic injuries. The care of these injuries in most instances is good; and at Stuttgart, we considered it excellent.

Routine appendectomies and hernias are carried out by approved methods in every Installation, and the men assigned to do elective surgery in the area are competent.

The maternal and infant mortality rates for the past year, covering over 3,000 deliveries, are spectacularly good. The figures suggest that one of the safest places in the world at the present time for a mother to have a baby is in one of the hospitals under the American Army. In every area, however, where the order was issued that the wives of military personnel about

to be delivered were to report five days in advance to one of the General Hospitals, there was marked grumbling and unwillingness to make such visits-- as they considered "unnecessary trip". It was a real sore-spot and a problem to the Medical Officers as well as the Commanding Officers of the area. It seems, however, to be a wise precaution especially with primiparas and with multi-parous women who had had difficulty in earlier deliveries.

On almost every count, the laboratory service in the area has improved since the assumption of duty by Major Helmuth Sprinz. In the short time in which he has been in charge of the laboratories at Munich, service has definitely improved both in accuracy and in speed. He has accepted the job as a challenge and seems to be making good at it at a very rapid pace. The principles of blood typing, including Rh typing, are well understood. The areas which are responsible, it appears, for two obstetrical deaths were the results of not a lack of understanding but lack of skill. The whole area now seems sensitized to the constant danger of mismatched bloods and the inadvisability of ever using blood about which there is any doubt except on the advice of an experienced person. In spite of the very high percentage of hepatitis in the EUCOM, there seems to have been a very small incidence of homologous serum jaundice following either blood transfusion or plasma which has been used in emergencies. Careful questioning was carried out in several areas to ascertain the incidence of jaundice 50 to 60 days after transfusion. It seems to be negligible.

During our tour of duty, we had the privilege of visiting the Fracture Service at Stuttgart and again later when it had been transferred to Munich. Dr. Reich, undoubtedly, will report in detail on this aspect of medical care.

The one major defect in the surgical set-up--the lack of any surgeon adequately trained or interested in Thoracic Surgery--was corrected

during our tour of duty by the assignment of Col. Robert Gants as the Chief Surgeon at the 98th General Hospital. His presence also supplies a Senior and experienced general surgeon in an area where it is very essential to have such an individual. Men of his caliber, it would seem, would eventually fill, to some degree, the role of Consultants to the smaller Installations.

Since most of the men now assigned to the Surgical Service have had at least one year in some recognized surgical teaching center, problems of pre- and post-operative care are well understood. The technical skill of those men whom I saw operate is that which one would expect of second- and third-year Assistant Residents in Surgery. There was little tendency for them to do more than they were capable of doing well.

The number of different procedures for doing hernias in the different hospitals by the different men would suggest advisability of establishing a basic set of procedures for the guidance of all of the men in the area, without setting inflexible rules which would hinder rather than help.

Almost every Surgical Service had some patients labeled "non-specific urethritis". It is my opinion that most of these men have had incompletely or too vigorously treated gonorrhea. The so-called "one shot" treatment of gonorrhea, I would consider inadequate. The pressure on Company Commanders to reduce the venereal disease rate in their units and the referral of this pressure back to the barracks' level has reduced the rate in some areas; but as Colonel Alling himself pointed out, much of the therapy now has been "run underground". In many instances, the men are incompletely treated or grossly mistreated. The question is worthy of complete study by an impartial clinical and laboratory team, equipped with culture methods capable of running down latent infection by means of a series of cultures made from concentrated settlement of each morning's first specimen of urine. Results of such a series, in the hands of Dr. R. Frank Jones of our Staff,

has proved to our entire satisfaction the fallacy of considering men cured of gonorrhea after the injection of 400,000 units of penicillin.

Care of enlisted men and Officers were essentially the same in all Installations. Negro troops were cared for in exactly the same manner and on the same wards with all other troops. Where they had complaints, they were similar to the complaints of all other troops in that particular area. The Army in this respect has achieved something in medical care which I have seldom seen achieved elsewhere, that is, the men are treated according to their medical needs and not according to rank or race. It would have been nice to have met a few well trained Negro Medical Officers.

Care of dependents in large numbers apparently has introduced many new problems for the Army Surgical Service. The constantly increasing load of obstetrical and gynecological patients is taxing the Staff in several areas. New Out-Patient Clinics were being installed in several Installations to handle this problem. The problem of handling Officers' wives and children in clinics originally set up for enlisted personnel and now likewise used for dependents of enlisted personnel is a cause of some distress to many of the young Medical Officers. It is an area which requires watching and careful regulation if the best interest of all is to be preserved. Second only to inadequate housing for the younger Officers was the complaint of these men concerning the attitude of the wives of some of the older Line Officers, regarding the care of their families. The young medical men feel that it is becoming increasingly difficult to handle some of their patients on a democratic basis when "rank" is thrown at them through the medium of Officers' wives. Surgical apparatus and basic medical supplies were found adequate in every Installation.

4. Medical Education --

The programs for stimulating and maintaining interest in medical education and development varied tremendously from unit to unit. In some areas, there were, in addition to regular weekly Staff meetings, current literature seminars, clinical pathological conferences and special presentations by members of the Staff. In others, there were practically no formal programs. Some Installations had equipment for the showing of moving pictures, regular sized lantern slides and 2" x 2" kodachromes; others had none of this equipment. Some units attempted to include their nurses and nurse anesthetists in the educational programs; others did not. It appeared to us that where the nurses were made a closer part of the "professional family", the spirit of the Staff as a whole, in so far as the care of the patients was concerned, was increased and a more complete feeling of unity was established. In certain areas where distinguished local teachers were available, good use had been made of their services both as consultants and as lecturers, when it had been possible to make arrangements for their participation. This was particularly true in Austria. All of the men with whom I spoke had enjoyed the opportunity to take a series of rather special courses given at the University of Vienna. From a Command point of view, the absence of so many men for such a long period of time had had a somewhat crippling effect on some of the Services. It would seem that a few men on floating assignments might be used to relieve professional personnel in smaller units for periods of two or three weeks for service of instruction in the larger centers, such as the 97th and 98th General Hospitals.

Very little use was made of the vast number of educational surgical films which are now available without cost to Civilian installations. They would be a means of setting up very stimulating fortnightly or even weekly conferences in the large, as well as in the small, Surgical Services.

What might be labeled "clinical research", as a result of the initiative of the men themselves, was underway in several of the Installations which we visited. With just a little encouragement this program might be expanded and have several effects--first, as a means of evaluating quality of work being done; secondly, as a means of improving the medical care of the patients; thirdly, as a means of filling in advantageously many hours of relative inactivity in the smaller Surgical Units; fourthly, as a means of increasing the morale of the Medical Officers; and finally, as a means of increasing the reputation of the Army Medical Corps as a sound and progressive medical institution.

VI SPECIFIC OBSERVATIONS BY INSTALLATIONS

1. Heidelberg:

The surgical wards and operating rooms do not compare favorably with those at the nearby University hospital, but they are adequate for station-hospital type of surgery and short term care.

A larger room for their conferences would be a great help; and a standard projector and movie projector would be worthwhile additions to their teaching equipment.

The Chief of the Surgical Service, Major Daniel C. Campbell, seemed alert and capable. One would like to see his routines better established and a somewhat more polished professional manner, especially in a center like Heidelberg where critical non-medical personnel abounds.

This was the only Installation I visited in which there was a tendency to use catgut as the rule, rather than the exception, even in uncomplicated hernias. The cases on the wards when I visited, however, were doing well. Wounds were solid; there were no infections; pre-operative diagnoses had been sustained at operation; and the principles

of post-operative care were well understood and executed. Rapport between Medicine and Surgery was excellent.

The most impressive of the Junior Officers was Lt. Edwin Wells. He is interested in continuing in Surgery and is to return to the University of Pennsylvania under Dr. Ravdin. Lt. Stanley Roberts of Washington University was doing his job well in Surgery and giving excellent service in Anesthesia. He is to return to the Mayo Clinic. Lt. Donald Ross of Western Reserve had his Surgery still over-shadowed by the fact that after three months on the Post, he still did not have a table from which his family could eat in his lodgings which were twenty miles from the Hospital.

The two German physicians were young, quite cognizant of many advances in American Surgery and extremely anxious to learn.

2. Stuttgart:

Surgery at Stuttgart was completely overwhelmed by the Fracture Service. In spite of the very excellent job done there by Col. John D. Blair and his Orthopedic Staff, the care of the general surgical patients and the morale of this Division was extremely good. I attribute this to a large measure to the fine leadership of Lt. Col. A. L. Anfelt. He has qualities, I believe, which would make him a very valuable man in a more important spot. He is anxious to complete his formal training in Surgery. He wants to remain in the Army. Excluding the Commanding Officers, I would rank him first among the Chiefs of Services in the ability to run a Service smoothly and efficiently. If there should be an opportunity to assist him to become certified as a surgeon, he would become an extremely valuable man in the training program now underway.

Lt. Luther Martin (I understand that all are Captains now) is a typical Assistant Resident. He is not a bad operator even at this stage. His native home is South Carolina and would like training in neuro-surgery when his tour of duty is up.

Lt. Joseph Williams of Washington University impressed me as an obstetrician already wiser than his years. He thinks physiologically and individualizes each case in an admirable manner--a good man; wants to go on in obstetrics.

Routines in this Surgical Service were well established. X-rays by Lt. Robert Rapp ranged from good to excellent. Dr. Labson, a Lithuanian E.E.N.T. man, was well regarded by the Staff.

Capt. Marvin W. Gibson from Georgia came in from a short vacation just as we were leaving. Apparently the "character" of the Installation was ~~was~~ well liked, and he was ready for discharge.

The physical plant and equipment were excellent; the teaching sessions, enthusiastic.

3. Munich:

This Surgical Service was not manned in parallel strength and rank to the other major Divisions. Its Chief, Lt. Col. J. M. Cameron, is a sound neuro-surgeon and was popular with his Staff in spite of the monocle and Prussian crew haircut; but the real wheel-horse of the Service was Major Donald Campbell. It was he the younger men turned to and apparently he who did most of the major surgery in the Installation. He likes the Army and it fits him "like a glove". He is a sound surgeon and further training for a higher job would be a good investment.

This is a big Service and difficult cases are fed into it. One of the chief complaints against it, I found, was that of the men in the Station Hospitals who sent their prize cases into the General Hospital

for treatment, but claimed they could never find out what happened to them.

The operating suites are adequate; wards, well arranged and kept; and a teaching hospital atmosphere is obvious throughout the place. There are Staff meetings, lectures and seminars. Morale was good. Real professional interest was high. Among the Junior Officers, Capt. Kelly Berkly of Rochester was the most impressive. Capt. Jerome Bresher of Detroit, by his primary interest in Urology, strengthened the Staff. He hopes to return in 1950 to Detroit City Hospital for further training in Urology. Capt. James K. O'Donnell of Long Island has a Residency in Orthopedics for 1950. Dr. Reich felt he had real promise in Orthopedics. Capt. Marvin Rosner, Capt. John G. Allen and Capt. David Gilberton seemed capable and well pleased with their assignments.

I spent a whole afternoon with Major Helmuth Sprinz and his associates--Capt. Elmer, Dr. Rhein and the new hepatitis research director, Dr. Colbert. The laboratory is superior to most hospital clinical laboratories and in certain areas is equal to the top-flight research institutions. Many of the earlier complaints have disappeared since Major Sprinz's arrival. He needs a better reference library and, I believe, a loan of a fairly complete set of histological and pathological slides from the Army Museum to be used for assistance in making pathological diagnoses would be of great service until such time as his own series is larger. He has tackled his job with great enthusiasm and considerable skill. Already it was paying dividends.

I have not seen better team-work than that displayed by the neurosurgeon and the oral surgeon, Lt. Col. Hemberger. I saw them do two cases in which skull defects were plated with "Acrylic" mold with great ease and skill.

On my first visit to Munich, Col. Robert Gants had not arrived. However, on my way through on the return trip, I had the opportunity to meet him. We discussed surgery until his wife insisted that sleep is a necessary evil. I feel that his assignment is a particularly appropriate one. He adds ^{just} ~~first~~ what was needed.

4. Vienna:

The facilities in Vienna were quite adequate; the surroundings, on the lush side; and the operating room has a panorama from its picture windows of distracting loveliness. The load was not too heavy; and during my short stay, there were no surgical problems. I watched Lt. Edmond Colton do an inguinal hernia. Had it been an examination, he would have passed with honors. He comes from Northwestern and had one year in Surgery under Carl Meyers at the Grant Hospital. Outspoken, rather critical, a little ^{loose} ~~more~~ than most of the Junior Officers, he wants to get back to his drug store and practice, but is doing an adequate job.

I got the feeling that Lt. Charles Lampley on the Obstetrical Service felt his inadequacy at times but made up for lack of training with great conscientiousness to duty. It might be fairer to put one with a little more experience in an area as busy and as isolated as Vienna.

5. Linz:

This Hospital had only thirty-eight patients the day we visited. Eighteen were surgical; two of the acute appendicial cases which were done, I observed. Facilities here are not the best. The light was poor; there was no clock; the anesthesia machine was broken; and the operating table, outmoded and broken.

Our two Surgical Officers were outclassed in knowledge and experience by Dr. Wolfran Bruckner, an Austrian surgeon of mature and somewhat aggressive judgment. Lt. Carlyle Luer, in-charge during my visit.

seemed very inexperienced beside him. This arrangement has certain disadvantages. Capt. Hamlin Graham was on leave when I visited. The work-load did not justify continuance of the Surgical Service. I understand, however, that its strategic location justifies its continuance in the light of a possible emergency.

6. Salzburg:

The Staff in this Installation has created an effective unit in quarters not primarily designed for hospital use. It is run in many respects in the manner of a small group-practice clinic in a small town. The Surgical member of the Staff is Capt. Charles Ross of Columbia. He has learned well basic surgery on Graham's Service at Barnes Hospital in St. Louis. I would rank him high among the young surgeons of promise now on duty in Europe. Capt. John Soling highlighted for us some of the major psychological problems of a young Jewish Officer in a land where anti-semitism is still rampant and the ghosts of five million destroyed people haunt the land. He is a well trained, capable physician. He was articulate where many Officers only suggested that in strengthening Western Germany against possible aggression from the East, our policy was, in fact, condonement of regime which had thrown the world into chaos.

7. Regensburg:

This 100-bed Hospital had an average of one surgical admission a day in June. None were serious problems. The surgeon of the Staff, Capt. Louis E. Gibson, from the University of Texas and Jeff Davis Hospital in Houston, is able and interested but not very busy. The teaching program of the day was most enthusiastically participated in by the small Staff. A good young surgeon could go stale here very fast.

8. Nurnberg:

This, I felt, was one of the best Installations in the Command. Facilities and equipment are adequate; routines are well established; patient care was good; and one felt a great deal of professional intellectual activity. Nothing the Consultants said was taken without question. I enjoyed the seminar discussions and the evening meeting here. I felt that the Consultants were used as testing areas for their own ideas. It was fun, and I felt we were useful.

Lt. Col. Philip A. Bergman, Chief of the Service, is a quiet, thoroughly respected regular Army man of greater experience than most of the Officers we met. His Staff, like himself, seemed unspectacular but sound. Because of the pressure of the days' events including rounds on 158 surgical patients and two teaching seminars, we did not have the privilege here of talking at length with each individual. There were difficult surgical problems and we spent a good bit of time discussing them.

9. Wurzburg:

The Hospital in this once thriving University center, now with less than 10% of its houses standing, is in good shape from a material point of view. Its Commanding Officer is sick. Morale among the professional Staff is low. Patient confidence is down. The spirit of the place is not good. The three young Officers we met were carrying on in a frustrated sort of manner. There were eighteen patients which Capt. Louis M. Rozek of Vermont, Capt. William Aldrich and Capt. Glenn Wiltse--- both from the College of Medical Evangelists, took care of rather conjointly. Capt. Rozek was directly responsible for Surgery.

This Installation needs early, close attention. This opinion was recited to General Denit.

10. Frankfurt:

All material facilities and equipment were found here necessary to the establishment of a true medical center on the best possible plane. There were about 275 surgical patients on the wards during our visit. Lt. Col. Quintino J. Serenati runs his Service as though it were a University training center. There is more actual individual guidance of the Junior members of the Surgical Staff than in any other Service I visited. Routines on the wards are well established; there are several weekly discussion periods. The men assigned to the unit are not superior to the men in other units, but they do have a sense of direction while in the Army rather than the attitude that they are waiting out a sentence.

Major George W. Rafferty, Assistant Chief of the Surgical Service, is well read and cognizant of all modern trends in Surgery. He has approximately five years of good Residency training. Only one question was raised in my mind--has the 9 to 5 routine sunk in fairly deeply?

Capt. Richard G. Sisson of Harvard, Barnes Hospital and Yale; Capt. James G. Roberts of Pennsylvania and Graduate Hospital; Capt. Robert E. Nelson of Washington University Medical School and Capt. William R. Brewster of Columbia and Bellevue Hospital make an enthusiastic and capable team on the Surgical Service. It was difficult to choose among them.

Orthopedics under Dr. Charles L. Keagy, contract Surgeon with the assistance of Capt. Louis P. Brady of Emory backed up by the fine roentgenology of Capt. Morton Singer, was adequate in the areas I covered. It differed from Stuttgart in that it lacked the fine investigative urge that characterizes Col. Blair's Service.

The obstetrical and gynecological care offered dependents in this Installation is excellent. Major Robert W. Nicholson and his two assistants, Capt. Charles D. Kuntze and Capt. Carl J. Arnold, are running a Service of which the Army can well be proud. I am frankly amazed at the low maternal and infant mortality rate in the area.

I met Capt. Carl M. Lineback who had recently arrived to set up a Division of Otorhinolaryngology and Capt. Robert Blake in the Eye Clinic, but I had no opportunity to evaluate the Services. Col. Serenati spoke highly of their work. Capt. Edward J. Schlicksup, as the Urologist member of the team, adds strength and balance.

This is a good Hospital now. It could become a great Army Medical Center.

11. Giessen:

The Hospital is almost new and particularly well set in beautiful flower gardens. Operative equipment is adequate. There is a lack of adequate teaching space and no projectors.

There were 76 patients on the day of our visit. Care appeared excellent. Chronic gynecological complaints of Officers' wives here as elsewhere are a constant problem to the surgeons in these smaller units.

Capt. John L. Polcyn, Chief of the Service, is a better surgeon than his four-months' Assistant Residency at the University Hospitals in Cleveland. He is one of the maturest of the younger Officers. His colleague, Capt. Clifford J. Strahley of Harvard and Massachusetts General, is a sparkling young man with definite opinions about most things relating to the Army and all the things pertaining thereto. The good thing is that in the years to come, he will grow up to be just as

able as he sounds. Both men in Surgery expect to return to the Residencies they left and complete training to qualify for Board examinations.

Capt. Edward J. Dranginis, X-ray and Laboratory Officer, and Capt. Richard M. Moore, the Ward Officer in Obstetrics and Gynecology, round out a good team. It is this type of unit which would profit by weekly approved surgical and basic science movies to serve as a nidus around which good meetings might be organized.

12. Bremerhaven:

The Hospital plant is adequate in all essentials for good surgery. Capt. Thomas H. Green, Jr. of Harvard and Capt. Charles D. Cooksey of Louisiana State University--the two men in Surgery during our visit--are different in background, training, pace and outlook; yet, each is extremely capable. The Service is well covered. Routines for handling suddenly increased numbers are well worked out. They work well with the Medical Staff on all difficult cases. This was not a happy "family", however, for there was universal disaffection with the Hospital administration. The area is worth looking into, for such a situation eventually leads to a lower level of patient care even where the letter-of-the-law is rigidly enforced.

13. Wiesbaden:

The Hospital is a delightful place. The surgical load was light and with the exception of a slowly convalescing post-appendiceal peritonitis and a missed chip fracture of an ankle, all was in good shape. Equipment for all types of slides was available. Col. Copenhagen and Col. White arranged a profitable schedule even though it ran through the entire Saturday afternoon.

Capt. James N. Harten, Chief of the Surgical Service, was on a

short vacation. Capt. Robert J. Roehm was in-charge. The responsibility weighed rather heavily on him; and it seems to happen so often. The only patient whom I saw who died during my tour of duty was admitted to the Hospital early Sunday morning with a severe head injury sustained when he was knocked down by a fellow soldier and struck his head on a concrete curb.

The patient's name was Corp. Wilbert Timm. He was completely unconscious on admission. At first, he had a dilated left pupil with bilateral flaccid paralysis. Soon afterwards, he became spastic and went into a series of severe convulsions which led to complete respiratory failure. His initial cerebro-spinal fluid pressure was 560 mms. water. The fluid was grossly bloody. Capt. Roehm in this emergency reduced the pressure to 350 mm. Artificial respiration was carried on continuously by teams of attendants for over 15 hours. When I first got in touch with Capt. Roehm, the pulse had failed and the B.P. was 0/0. At this point, 50 cc. of 50% glucose was suggested as a possible last ditch move. Surgery, in my opinion, was entirely contraindicated. I remained in Wiesbaden after departure of the rest of the team, for the entire day, I contacted Col. Cameron in Munich to discuss the case with him. He agreed that surgery was out of the question at this stage. After about 14 hours of rather heroic activity on the part of the entire Staff, it was apparent that the man had received a fatal injury. I then left for Heidelberg.

14. Paris:

Though the American Hospital visit was not a part of my orders, I spent a pleasant afternoon with Dr. Neal Rogers and Major Arthur C. Neeseman, Commanding Officer of the Army Unit.

VII COMMENTS ON VALUE OF CONSULTANTS' PROGRAM

When ideally carried out, I believe the program has these points in its favor:

1. It has certain inspirational value, for some of the Consultants have been truly distinguished physicians. They are men worth knowing and, in many cases, well worth emulating.
2. They can help bear the load of making certain difficult decisions and back those decisions with more experience than most of the Medical Officers in the European Theatre have had.
3. It gives the men in the units, particularly the smaller ones, something other than routines to look forward to.
4. It gives all of the Staff the feeling that the High Command has not dumped them in a foreign country and forgotten them.
5. It gives the young professional man a chance to air his grievances in a sympathetic area without fear of official retaliation.
6. The Consultants at times may drop "pearls" which are of real value in the care of difficult patients.
7. The presentation of a series of men--all of whom have attained certain scholarly goals--must of necessity have a stimulating effect on a group of unusually able and ambitious young medical men.
8. Their presence suggests continuous contact with medical thought at home.
9. They serve as couriers from station to station and are able to answer many questions about referred patients, transferred personnel and general "goings-on" which appear to be highly appreciated by the men.

10. They lend a certain amount of prestige and authority to the splendid training program envisioned by the Army, and always are potentially capable of saving a life or hastening cure by virtue of their sometimes richer experience.

On the other hand, the Consultants present certain problems. They may be listed as follow:

1. Some apparently have been "prima donnas" who were impressed by their V.I.P. rating and expected too much service.
2. The smaller units have been hard pressed at times to physically handle groups larger than three at a time.
3. Too frequent visits have a tendency to upset hospital routines and disrupt clinics.
4. Contradictory teachings by successive teachers have tended to confuse rather than clarify in certain instances. There was some complaint that certain individuals had a tendency to propound personal theories rather than fundamentals.
5. They are rarely around when needed most.

The general consensus of opinion, however, is that the good far outweighs the bad; and the Army not only assists its medical care and teaching program by such a device, but also wins sympathetic understanding for its goals from many medical men in high places who are in a position to materially assist in building the top-flight organization envisaged for the Army Medical Corps.

VIII RECOMMENDATIONS

1. That the number of Consultants assigned to any one unit be limited to not more than three.
2. That their visits be spaced at about six-week intervals.

3. That standard 4" x 3½" and 2" x 2" slide projectors be made a part of the standard equipment at each Installation.
4. That 16 mm. movie projectors equipped for sound be made part of the standard hospital equipment; and arrangements be made to have rotated, on a weekly or bi-weekly schedule, approved films of basic science or surgical interest.
5. That a small research fund be allocated for clinical research in the European Command, and encouragement be given to Officers interested in this type of activity.
6. That, in so far as possible, an orientation period of approximately one month in either the 97th or the 98th General Hospital be arranged for each of the younger surgeons brought into the area before sending him out into smaller units. This will impose a greater teaching load on the senior Staffs in these two areas, but will tend to establish more uniform methods of therapy and improve patient care.
7. That the families of these new assignees remain at home until this orientation period is completed and each man has been assigned to his Post and has found lodgings with basic furniture needs. This is a troublesome area, I know, but real planning in this area would remove the chief cause of grief on the part of most of the men who offered complaints.
8. That every effort be made to remove the pressure on younger Officers now applied by the families of senior Officers, largely non-medical.
9. That short two-week refresher courses be instigated for the young Officers to replace in part the longer courses offered in Vienna. "Floating Officers" from the key-centers could relieve at the Installations during these short refresher furloughs.

10. That only young German physicians be used in the smaller units. It is a little embarrassing to have senior alien physicians in what amounts to competition with our younger men. As a whole, the German and Austrian physicians carried out their duties well; though in certain areas, German surgery is at least ten years behind American surgery.
11. That brief resumes of the clinical histories of referred cases be sent to referring agencies. Station hospitals send in interesting cases to the specialty centers and then lose contact with them completely. They should be told how near they came to the correct diagnosis and what the outcome was.
12. That Lt. Col. John K. Arnold, the Commanding Officer at Wurzburg, be given sick-leave in order that he might have his peripheral vascular difficulties thoroughly evaluated.
13. That some special provision be made for the part-time employment of outstanding specialists in the areas near our Installations, as part of the teaching program.
14. That representatives of the American Board of Surgery and the American Board of Internal Medicine be asked to review the present set-up at the 97th and 98th General Hospitals, with the idea of certifying the Services in Surgery and Medicine for specialty credit. It might be necessary to have the American Medical Association make the first inspection trip. I believe that the standard of work carried on in these two major centers at the present time is such that credit would probably be given if the rotation system in the Hospitals were devised with this end in view.